

## FOSTER CARE INDEPENDENCE REFERRAL

Use of the Referral by the Department of Child Services:

- A ward loses eligibility for IV-E FC Medicaid and must be considered in another Medicaid/Hoosier Healthwise category.

Complete this form, attach a completed Application for Hoosier Healthwise, Form FI 2030, and forward it to the Local Office of Family Resources.

- A ward on Medicaid/Hoosier Healthwise in a category other than IV-E FC, is released from the custody of DCS.

If the ward was in a foster care placement on his or her 18<sup>th</sup> birthday, complete the form and forward it to the Office of Family Resources.

Use of the Referral by the Office of Family Resources

A completed, signed, and dated Referral from DCS is to be used to enter data into ICES. It is to be retained in the Hoosier Healthwise case file as verification necessary to determine eligibility in the Foster Care Independence category of Hoosier Healthwise.

<b>Individual Information</b>									
Name of Individual	Ward type <input type="checkbox"/> CHINS <input type="checkbox"/> Ward of court w/ DCS supervision	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">County that held wardship</th> </tr> <tr> <td style="width: 20%; padding: 2px;">Number</td> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		County that held wardship		Number	Name		
County that held wardship									
Number	Name								
SSN XXX-XX-_____	Date of Birth	Medicaid RID if known							
<b>Certification of Foster Care Placement by Department of Child Services</b>									
The named individual was in foster care placement on his/her 18 <sup>th</sup> birthday. <input type="checkbox"/> Yes <input type="checkbox"/> No									
Date wardship released:									
Name of DCS staff verifying foster care placement:	Title	Date							
Phone number	E-mail								

The information contained on this form will be kept strictly confidential as part of the individual's Hoosier Healthwise/Medicaid case file and will be used only for the purpose of determining his or her eligibility for the program.